

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2013
FORM APPROVED
OMB NO. 0938-0391

45th 2/01/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445228	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2013
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF GREENEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

725 CRUM STREET
GREENEVILLE, TN 37743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area 's one (1) hour fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on December 16, 2013 at 10:30 a.m. confirmed the main electrical room had conduit penetrations that were not fully firestopped in the ceiling. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 16, 2013.</p>	K 029	<p>1) a) All facility maintenance personnel were immediately in-serviced on NFPA 101 Life Safety Code Standards on 12/16/13.</p> <p>b) Conduit penetration in the main electrical room was sealed with fire rated caulk on 12/16/13.</p> <p>2) a) All facility residents and visitors have the potential to be affected.</p> <p>b) 100% of facility was checked and no further areas of concern were found on 12/18/13.</p> <p>3) a) All facility maintenance personnel were immediately in-serviced on NFPA 101 Life Safety Code Standards on 12/16/13.</p> <p>b) The Maintenance Director, and/or the Maintenance Assistant, will do audits to monitor compliance weekly for 4 weeks and monthly for 2 months.</p> <p>4) a) Director of Maintenance will present results of audits to the Performance Improvement Committee.</p> <p>b) The Performance Improvement Committee Consisting of Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Dietary Manager, Director of Maintenance, Director of Environmental Services, Director of</p>	2/1/14
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Misty K... *Executive Director* *1-3-14*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JAN 06 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445228	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2013
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF GREENEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

725 CRUM STREET
GREENEVILLE, TN 37743

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined sprinkler system was not maintained. The findings include:</p> <ol style="list-style-type: none"> 1. Observation and interview with the Maintenance Director on December 16, 2013 at 10:40 a.m. confirmed four (4) of eight (8) sprinkler heads in the kitchen were corroded (NFPA 25, 5.2.1.1.1.) 2. Observation and interview with the maintenance director, in the corridor, on December 16, 2013 at 1:30 p.m. wiring above the lay in ceiling was attached to or supported by sprinkler piping (NFPA 13, 6-1.1.5) above the ceiling in the attic space in the following locations: <ol style="list-style-type: none"> a. The Birch side of the sunroom. b. The Birch side in the attic space by the MDS Office. c. Conduit was supported by sprinkler piping by the central supply room. <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 16, 2013.</p>	K062	<p>Social Services, Business Office Manager, Activities Director, and Staff Development Coordinator will review the results. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 3 months or until 100% compliance is achieved.</p> <ol style="list-style-type: none"> 1) a) All facility maintenance personnel were immediately in-serviced on NFPA 101 Life Safety Code Standards on 12/16/13. <ol style="list-style-type: none"> b) 1) The 4 of the 8 corroded sprinkler heads in the kitchen will be replaced on 1/10/14. <p>2)The wiring above the lay in the ceiling will be corrected and not attached or supported by the sprinkler piping by installing supports in the attic Birch side of the sunroom, Birch side by the MDS office, and by the central supply room to be completed by 1/10/14.</p> 2) a) All facility residents and visitors have the potential to be affected. <ol style="list-style-type: none"> b) 100% of facility was checked and no further areas of concern were found on 12/30/13. 3) a) All facility maintenance personnel were immediately in-serviced on NFPA 101 Life Safety Code Standards on 12/16/13. 	2/1/14

JAN 06 2014

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/18/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445228	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/16/2013
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF GREENEVILLE

STREET ADDRESS, CITY, STATE, ZIP CODE

**725 CRUM STREET
GREENEVILLE, TN 37743**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 062	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined sprinkler system was not maintained. The findings include:</p> <ol style="list-style-type: none"> 1. Observation and interview with the Maintenance Director on December 16, 2013 at 10:40 a.m. confirmed four (4) of eight (8) sprinkler heads in the kitchen were corroded (NFPA 25, 5.2.1.1.1.) 2. Observation and interview with the maintenance director, in the corridor, on December 16, 2013 at 1:30 p.m. wiring above the lay in ceiling was attached to or supported by sprinkler piping (NFPA 13, 6-1.1.5) above the ceiling in the attic space in the following locations: <ol style="list-style-type: none"> a. The Birch side of the sunroom. b. The Birch side in the attic space by the MDS Office. c. Conduit was supported by sprinkler piping by the central supply room. <p>These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on December 16, 2013.</p>	K 062	<p>b) The Maintenance Director, and/or the Maintenance Assistant, will do audits to monitor compliance weekly for 4 weeks and monthly for 2 months.</p> <p>4) a) Director of Maintenance will present results of audits to the Performance Improvement Committee.</p> <p>b) The Performance Improvement Committee Consisting of Executive Director, Director of Nursing, Medical Director, Director of Rehabilitation, Director of Health Information, Dietary Manager, Director of Maintenance, Director of Environmental Services, Director of Social Services, Business Office Manager, Activities Director, and Staff Development Coordinator will review the results. If it is deemed necessary by the committee, additional education may be provided, the process evaluated/revised, and/or the audits reviewed for 3 months or until 100% compliance is achieved.</p>	

JAN 06 2014